STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445433	A. BUILDING _____ B. WING _____	C 05/26/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HEALTHCARE OF CLARKSVILLE	111 USSERY ROAD CLARKSVILLE, TN 37043

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 282	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Intakes: TN00025190 Based on medical record review, it was determined the facility failed to ensure the care plan was followed for 1 of 5 (Resident #1) sampled residents. The findings included: Medical record review for Resident #1 revealed the resident was admitted to the facility 1/14/07 with diagnoses including hypertension and osteoarthrosis. A History and Physical from a hospital admission 6/5/09 documented the resident's diagnoses included Alzheimer's dementia and degenerative joint disease. Nurse's notes dated 11/3/09 documented, "resident was found in room on floor next to bed by 6-2 CNA [certified nursing assistant] while coming onto the floor @ [at]6AM... resident was lying on (R) [right] side-floor mat was pushed off away from bed - it looked as if she had tried to get OOB [out of bed] and mat had slipped out from under her..." Further record review revealed the resident received X-rays of the back and pelvis, and no fractures were found. Review of the resident's care plan developed	F 282		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 282	Continued From page 1 3/30/09, and updated 9/29/09 for "potential for injuries from fall r/t [resulting from] dx [diagnosis] of Dementia, Alzheimer's and muscle weakness" included an approach of, "Place bed in lowest position when resident is in bed." Review of the facility's investigation of the resident's fall revealed a written statement signed by a CNA dated 11/2/09 at 9:35 AM documented, "Approximately 6:00 - 6:10 am,... heard a patient call for help... found [Resident #1's name] lying on the floor with her head at footboard & [and] lying on her right side... Mats were in place, but the bed was not in the lowest position..." The facility failed to follow the care plan intervention for placing the bed in the lowest position.	F 282		